Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07-26-2010</u>	Address:	SR 3 & LISBON RD
Case #:	<u>22-46061</u>		KENDALLVILLE, IN.
County:	<u>NOBLE</u>		<u>46755</u>
Type of Laboratory Seizure (check one) ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephedrine/Pseudoephedrine Tracking Log ☑ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☐ Other: N/A This report is to be faxed to the following agencies that serve the location:			
Health Dep	tment: KENDALLVILLE FD partment: NOBLE CO ection Service:	Fax: <u>E-M</u> Fax: <u>E-M</u> Fax:	AILED /
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>ANDREW SMITH</u> Phone <u>260-432-8661</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.